

**Commonwealth of Massachusetts  
BOARD OF CONCILIATION AND ARBITRATION  
REQUEST FOR GRIEVANCE MEDIATION**

**PLEASE TYPE OR PRINT**

1. Labor Organization \_\_\_\_\_ **FEIN Number** \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Labor Relations Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

2. Employer \_\_\_\_\_ **FEIN Number** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Labor Relations Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

3. Nature of Employer's Business \_\_\_\_\_

Description of Unit \_\_\_\_\_

Brief Statement of Issue in Dispute and Name of Grievant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has Arbitration been Requested? Yes \_\_\_\_\_ No \_\_\_\_\_ At Board: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Arbitration Hearing \_\_\_\_\_

This request Brought: Individually \_\_\_\_\_ Jointly \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer's Representative Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee's Representative Date \_\_\_\_\_

Initial to Indicate both parties have received copies of this request: \_\_\_\_\_

Initial to Indicate a Collective Bargaining Agreement copy is attached: \_\_\_\_\_

Do not write in This Space

Case Number \_\_\_\_\_

Date Filed \_\_\_\_\_

Mediator Assigned \_\_\_\_\_

Telephone Number : 617-727-3466

Fax Number: 617-727-4961

**Effective 8/1/02**

Instructions: Submit the original and one copy of this petition, **a fee of seventy-five dollars (\$75.00)** per Party, and a copy of the Collective Bargaining Agreement to:

Board of Conciliation & Arbitration  
399 Washington Street, Fifth Floor  
Boston, MA 02108

Updated 10/7/05